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8 *Attorneys for Plaintiff Carlos Hernandez*

9 **IN THE UNITED STATES DISTRICT COURT**

10 **FOR THE DISTRICT OF ARIZONA**

11 IN RE BARD IVC FILTERS
12 PRODUCTS LIABILITY LITIGATION

13 No. MD-15-02641-PHX-DGC

14 THIS DOCUMENT RELATES TO:

15 **SUGGESTION OF DEATH**

16 CARLOS HERNANDEZ
17 Civil Action No.: 2-18-CV-602-DGC

18 Plaintiff, by and through undersigned counsel and pursuant to Rule 25(a)(2) of the
19 Federal Rules of Civil Procedure, hereby informs this Honorable Court of the death of Plaintiff
20 Carlos Hernandez, which occurred on June 30, 2018. A copy of the death certificate is attached
21 as Exhibit A.

22 RESPECTFULLY SUBMITTED this 23rd day of May, 2019.

Shaw Cowart, L.L.P.
1609 Shoal Creek Blvd., Ste. 100
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(512) 499-8900

SHAW COWART, LLP

By: /s/ Ethan L. Shaw

Ethan L. Shaw (TX Bar No. 18140480)

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Attorney for Plaintiff Carlos Hernandez

Certificate of Service

I hereby certify that on this 23rd day of May, 2019, I electronically transmitted the foregoing Suggestion of Death to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to the attorneys who are registered with the Court's electronic filing system.

/s/ Ethan L. Shaw

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

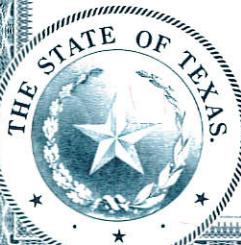
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS JUL 10 2018 STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER 142-18-103749	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
CARLOS HERNANDEZ				JUNE 30, 2018	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE: Last Birthday (Years)	6. IF UNDER 1 YR Mo Days Hours Min	7. BIRTHPLACE (City & State or Foreign Country)	
MALE	DECEMBER 6, 1971	46		WEEHAWKEN, NJ	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
152-74-2445				JENNIFER LAUREN MAURIELLO	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.		10c. CITY OR TOWN	
1707 WHITE MOUNTAIN WAY				PRINCETON	
10d. COUNTY		10e. STATE		10f. ZIP CODE	
COLLIN		TEXAS		75407	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JESUS HERNANDEZ		MARIA PILA			
13. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Death occurred somewhere other than a hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
COLLIN		PRINCETON, 75407		1707 WHITE MOUNTAIN WAY	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
JENNIFER LAUREN HERNANDEZ - WIFE		1707 WHITE MOUNTAIN WAY, PRINCETON, TX 75407			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown Section 93 Block _____ Lot _____ Space 770	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		CRYSTAL ANN BOVAIRD ,BY ELECTRONIC SIGNATURE - 12421			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
DALLAS FORT WORTH NATIONAL CEMETERY		DALLAS, TX			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
ARIA CREMATION SERVICE AND FUNERAL HOME-PLANO		19310 PRESTON ROAD, DALLAS, TX 75252			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
ASIM USMAN , BY ELECTRONIC SIGNATURE		JULY 5, 2018		L2720	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER			
ASIM USMAN 2824 TERRELL ROAD, #500, GREENVILLE, TX 75402		MD			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
Approximate interval Onset to death					
IMMEDIATE CAUSE (Final disease or condition ----> resulting in death)					
a. NONALCOHOLIC STEATOHEPATITIS Due to (or as a consequence of):					
b. LIVER CIRRHOSIS Due to (or as a consequence of):					
c. PULMONARY HYPERTENSION Due to (or as a consequence of):					
d. _____					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY(mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <input type="checkbox"/> Yes <input type="checkbox"/> No	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
07-2609		JULY 10, 2018		REGISTRAR - COLLIN COUNTY, ELECTRONICALLY FILED	
EDR NUMBER 000002336975					

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUL 12 2018

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND


TARA DAS
STATE REGISTRAR



VS-112 REV 1/2006

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and
a fine up to \$10,000. Health and Safety Code, Sec. 191.051.



JLF